

Docket No.: 368-014

DECLARATION AND POWER OF ATTORNEY

ntor. I hereby declare that

As a below named inventor, i	nereby declare mat.				
My residence, post office and	l citizenship are as stated below r	next to my na	ame,		
listed below) of the subject m	rst and sole inventor (if only one natter claimed and for which a pa	itent is sough	it on the invention enti	itled PHARMACEUTICAL AP	ural names are PLICATIONS
[x] is attached hereto applicable)	[] was filed on	as Applicat	ion Serial No. <u>09/</u>	and was amended on	(if
I hereby state that I have revi amendment referred to above	iewed and understand the contente.	its of the abo	ve-identified specifica	ation, including the claims, as an	mended by any
I acknowledge the duty to di Federal Regulations, Section	isclose information which is known 1.56.	own to me to	o be material to pater	ntability in accordance with Tit	le 37, Code of
for patent or inventor's certification of the patent of inventor's certification of the patent of th	ty benefits under Title 35, United icate, or Section 365(a) of any Poand have also identified below on which priority is claimed:	CT internation	onal application which	n designated at least one country	y other than the
Prior Foreign Application(s):	Priori	ty Claimed		,
Number Country	Day/Month/Year filed	Yes	<u>No</u>		
hereby claim the benefit und	der 35 USC \$119(e) of any Unite	ed States pro	visional application(s) listed below.	
Application Number	Filing Date				
60/239,455	October 11, 2000				
60/294,957	May 31, 2001				
international application des is not disclosed in the prior States Code, Section 112, I	nder Title 35, United States Code ignating the United States, listed United States or PCT internation acknowledge the duty to discled between the filing date of the	below and, nal applications ose material	insofar as the subject on in the manner prov information as defin	matter of each of the claims of rided by the first paragraph of The in Title 37, Code of Feder	this application Fitle 35, United al Regulations,

Section 1.56 which occurred between the filing date of the prior application and the national or application:

Prior U. S. Application(s):

Status: Patented, Pending, Abandoned Filing Date Serial No.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.





I hereby appoint the following attorney(s) and/or agent(s):

James H. Meadows, Reg. No. 33,965 Medicus Associates 5355 Mira Sorrento Pl.-Ste. 100 San Diego, CA 92121

with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office

connected therewith, and all future correspondence should be addressed to him. Full name of sole or first inventor: Kinam Park Date: Inventor's signature: Residence: 455 Lagrange Street, West Lafayette, IN 47906, USA Citizenship: Republic of Korea Post Office Address: Purdue University, School of Pharmacy, West Lafayette, IN 47907 ************************* Eull name of second joint inventor: Ghanashyam Acharya Date: Inventor's signature: Residence: E-503, International House, RIKEN, 2-1 Hirosawa, WAKO Saitama, 351-0198, JAPAN Citizenship: India Eost Office Address: E-503, Int'l House, RIKEN, 2-1 Hirosawa, WAKO Saitama, 351-0198, JAPAN Eull name of third joint inventor: Jaehwi Lee Date: Inventor's signature: Residence: 3384 Peppermill Drive, #1C, West Lafayette, IN 47906, USA Çitizenship: Republic of Korea Post Office Address: Purdue University, School of Pharmacy, West Lafayette, IN 47907 Full name of second joint inventor: Sang Cheon Lee Date: Inventor's signature: Residence: 3307 Peppermill Drive #2C, West Lafayette, IN 47906, USA Citizenship: Republic of Korea Post Office Address: Purdue University, School of Pharmacy, West Lafayette, IN 47907